



CONTRACT ROUTING SHEET

Date Prepared: November 6, 2013

Need Date: November 20, 2013

PROCESSING DEPARTMENT:

Department: Procurement & Contracts
Dept. Contact: Linda Silacci-Smith
Phone #: x5417
Department
Head Signature: [Signature]

CONTRACTOR:

Name: Jeffrey Smith
Address: 911 46th Street
Sacramento, CA 95819
Phone: (916) 455-4846

CONTRACTING DEPARTMENT: CAO-Facilities

Service Requested: Amend Lease for Animal Services located at 511 Placerville Drive
Contract Term: 9 Month then Month-to-Month Contract Value: \$7,000/per month
Compliance with Human Resources requirements? Yes: _____ No: _____
Compliance verified by: _____

COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: [check] Disapproved: _____ Date: 11/13/2013 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

RECEIVED
NOV - 7 2013
El Dorado County Counsel

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

Approved: [check] Disapproved: _____ Date: 11/15/13 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

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HUMAN RESOURCES DEPT.
13 NOV 13 PM 2:24

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).

Departments: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____